

Attachment 2 Chemical Inventory

ATTACHMENT 2 PLATFORM ELLY MISCELLANEOUS DISCHARGES CHEMICAL INVENTORY October 1, 2014 through December 31, 2014

Fluid Type 009 Non-contact Cooling Water	<u>Volume</u> (Monthly avg bbls per day)	Product Name	Estimated Chemical Quantity (Monthly avg gal per day)	Average End-of-Pipe ₁ Concentration (mg/l)
October November December	5,143	Chlorine Chlorine Chlorine	0.06 0.15 0.06	0.3 0.7 0.3
008 Fire Control System Water	N / A	None	None	None
013 Test Fluids	No Discharge	No Discharge	None	None
017 Water Flooding Discharges	No Discharge	No Discharge	None	None
021 Hydrotest Water	No Discharge	No Discharge	None	None

¹ Chemical quantity for non-contact cooling water calculated with Operations daily monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel). The chlorine concentrations are the same for Ellly and Ellen since Ellen's seawater pump supplies the non-contact cooling water to Elly.

N / A: Not chlorinated

Attachment 3 Non-Contact Cooling Water Chlorine Residual Results

ATTA TIENT 3 PLATFORM ELLY NON-CONTACT COOLING WATER CHLORINE RESULTS October 1, 2014 through December 31, 2014

<u>Discharge</u>	Measurement <u>Frequency</u>	Average Monthly Limit ₁ Post Dilution (mg/l)	Maximum Daily Limit ₁ Post Dilution (mg/l)	Result Post Dilution (mg/l)	End-of-Pipe Concentration (mg/l) EPA Method 330.5	EPA Plumes <u>Dilution</u>
009 Non-contact Cooling Water Sample Date: 10/27/14	Once/Quarter	0.00585	0.0102	< 0.0002	< 0.05	277:1

¹Limits are post-dilution as listed in the new permit, Appendix C.

Attachment 4 Prohibited Discharges

ATTACHMENT 4 PLATFORM ELLY Prohibited Discharges October 1, 2014 through December 31, 2014

Prohibited Dishcharge	Permit Requirement/Limit	Monitoring Results
Free Oil ₁	0 days sheen observed on the receiving water during daylight hours	0 Days
Foam ₁	0 days foam observed on the receiving water during daylight hours	0 Days
Floating Solids ₁	0 days solids observed on the receiving water during daylight hours	0 Days
Surfactants 2	Minimize	Minimized
Detergents 2	Minimize	Minimized
Dispersants ₂	Minimize	Minimized
Produced Sands ₃	No Disharge	No Discharge
Halogenated Phenol Compounds 4	No Discharge	No Discharge
Chrome Lignosulfonate 4	No Discharge	No Discharge
Tracer Materials 5	Limited	Limited
Garbage 6	No Discharge	No Discharge

*

¹ Free Oil, Foam, and Floating Solids: Monitoring by visual observation of the surface of the receiving water in the vicinity of the outfalls shall be conducted during daylight hours.

² The discharge of surfactants, dispersants, and detergernts shall be minimized except as necessary to comply with safety requirements of the Occupational Health and Safety Administration and BSEE. The discharge to marine waters in response to oil or other hazardous spills is not authorized.

³ There shall be no discharge of produced sands.

⁴ Other Toxic and Non-conventional Compounds: There shall be no discharge of diesel oil. halogenated phenol compounds, or chrome lignosulfonate. Diesel oil discharge information will be located under the Drilling Inventory attachment when applicable.

⁵ Radioactive tracer concentration above the background in the parent, discharge waste stream shall be limited in 10 CFR 20 Appendix B, Table II, Column 2, Effluent Concentrations, Water.

⁶ The discharge of garbage is prohibited.

Attachment 5

Laboratory reports for NPDES monitoring

Laboratory Quality Control Reports



Beta Offshore 111 W. Ocean Blvd., Suite 1240 Long Beach, Ca 90802 October 28, 2014

Attn: Marina Robertson

Quarterly NPDES chlorine residuals on the non-contact cooling water outlet were as follows:

Sample Date / Time

Location

Platform Elly / Ellen

Total Chlorine Residual

(EPA Method 330.5)

End of Pipe

October 27, 2014 @ 1300 hrs

Non-Contact Cooling Water Outlet East Seawater Pump $< 0.05 \, \text{mg/l}$

LTS Meter S/N: 12040E195572

Method Blank < 0.05 mg/l (MDL)

Technician: Cole Jenkins

S.G. Lawry

Environmental Specialist / LTS



September 8, 2014

Quality Control

As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

Test Date	Total Residual Chlorine
September 5, 2014	(EPA Method 330.5)

LTS meter (SN 041200088375) **0.57 mg/l** LTS meter (SN 12040E195572) **0.52 mg/l**

RT Corporation test sample: (Lot #QC1065-021081)

Acceptance Limits 0.481 - 0.835 mg/l Certified Value 0.658 mg/l \pm 0.0110

Method Blank < 0.05 mg/l

LTS Lead Technician: Mike Apple

S.G. Lawry Environmental Specialist President, LTS



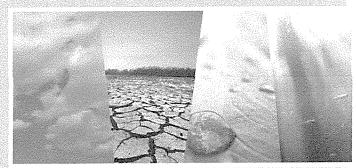


WORK ORDER NUMBER: 14-11-1366

The difference is service

ResultLink)

Email your PM)



AIR | SOIL | WATER | MARINE CHEMISTRY

Analytical Report For

Client: Beta Offshore

Client Project Name: NPDES Produced Water

Attention: Marina Robertson

111 W. Ocean Blvd., Suite 1240 Long Beach, CA 90802-4633

amande Porter

Approved for release on 11/24/2014 by: Amanda Porter

Project Manager



Eurofins Calscience, Inc. (Calscience) certifies that the test results provided in this report meet all NELAC requirements for parameters for which accreditation is required or available. Any exceptions to NELAC requirements are noted in the case narrative. The original report of subcontracted analyses, if any, is attached to this report. The results in this report are limited to the sample(s) tested and any reproduction thereof must be made in its entirety. The client or recipient of this report is specifically prohibited from making material changes to said report and, to the extent that such changes are made, Calscience is not responsible, legally or otherwise. The client or recipient agrees to indemnify Calscience for any defense to any litigation which may arise.



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Calscience

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4	Sample A	nalysis Summary	7



Work Order Narrative

Work Order: 14-11-1366 Page 1 of 1

Condition Upon Receipt:

Samples were received under Chain-of-Custody (COC) on 11/18/14. They were assigned to Work Order 14-11-1366.

Unless otherwise noted on the Sample Receiving forms all samples were received in good condition and within the recommended EPA temperature criteria for the methods noted on the COC. The COC and Sample Receiving Documents are integral elements of the analytical report and are presented at the back of the report.

Holding Times:

All samples were analyzed within prescribed holding times (HT) and/or in accordance with the Calscience Sample Acceptance Policy unless otherwise noted in the analytical report and/or comprehensive case narrative, if required.

Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of <= 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.

Quality Control:

All quality control parameters (QC) were within established control limits except where noted in the QC summary forms or control further within this report.

Additional Comments:

Air - Sorbent-extracted air methods (EPA TO-4A, EPA TO-10, EPA TO-13A, EPA TO-17): Analytical results are converted from mass/sample basis to mass/volume basis using client-supplied air volumes.

New York NELAP air certification does not certify for all reported methods and analytes, reference the accredited items here: http://www.calscience.com/PDF/New_York.pdf

Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are always reported on a wet weight basis.

Subcontractor Information:

Unless otherwise noted below (or on the subcontract form), no samples were subcontracted.

Analytical Report

Beta Offshore

111 W. Ocean Blvd., Suite 1240 Long Beach, CA 90802-4633

Date Received:

11/18/14

Work Order:

14-11-1366

Preparation:

N/A

Method:

EPA 1664A mg/L

Units:

Project: NPDES Produced Water

Page 1 of 1

Client Sample Number	Lab Sample Number	Date/Time Collected	Matrix	Instrument	Date Prepared	Date/Time Analyzed	QC Batch ID
Produced Water	14-11-1366-1-A	11/17/14 14:10	Aqueous	N/A	11/19/14	11/19/14 21:30	E1119HEML1
<u>Parameter</u>		Result	RL	•	<u>DF</u>	Qu	<u>alifiers</u>
HEM: Oil and Grease		21.8	1.0	00	1.00		

Method Blank	099-05-119-3744 N/A	Aqueous N/A	11/19/14	11/19/14 E1119HEML1 21:30
Parameter	Result	<u>RL</u>	<u>DF</u>	<u>Qualifiers</u>
HEM: Oil and Grease	ND	1.0	1.00	



MDL: Method Detection Limit. RL: Reporting Limit. DF: Dilution Factor.



Quality Control - Spike/Spike Duplicate

Beta Offshore

Date Received:

11/18/14

111 W. Ocean Blvd., Suite 1240 Long Beach, CA 90802-4633

Calscience

Work Order:

14-11-1366

Preparation:

N/A

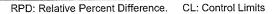
Method:

EPA 1664A

Project: NPDES Produced Water

Page 1 of 1

Quality Control Sample ID	Туре		Matrix	Inst	rument	Date Prepared	Date Ana	lyzed	MS/MSD Bat	ch Number
14-11-1462-1	Sample		Aqueous	s N/A		11/19/14	11/19/14	21:30	E1119HEMS	1
14-11-1462-1	Matrix Spike		Aqueous	s N/A		11/19/14	11/19/14	21:30	E1119HEMS	1
14-11-1462-1	Matrix Spike	Duplicate	Aqueous	s N/A		11/19/14	11/19/14	21:30	E1119HEMS	1
<u>Parameter</u>	<u>Sample</u> <u>Conc.</u>	<u>Spike</u> Added	MS Conc.	MS %Rec.	MSD Conc.	MSD %Rec.	%Rec. CL	RPD	RPD CL	Qualifiers
HEM: Oil and Grease	1.300	40.00	41.00	99	39.80	96	78-114	3	0-18	





Quality Control - LCS/LCSD

Beta Offshore

Date Received:

11/18/14

111 W. Ocean Blvd., Suite 1240 Long Beach, CA 90802-4633 Work Order:

14-11-1366

Preparation:

N/A

Method:

EPA 1664A

Project: NPDES Produced Water

Page 1 of 1

Quality Control Sample ID	Туре	Mat	rix	Instrument	Date Pre	pared Date	Analyzed	LCS/LCSD B	atch Number
099-05-119-3744	LCS	Aqı	Jeous	N/A	11/19/14	11/1	9/14 21:30	E1119HEML	
099-05-119-3744	LCSD	Aqı	ieous	N/A	11/19/14	11/1	9/14 21:30	E1119HEML1	l
Parameter	Spike Added	LCS Conc.	LCS %Rec.	LCSD Conc.	LCSD %Rec.	%Rec. CL	RPD	RPD CL	Qualifiers
HEM: Oil and Grease	40.00	38.80	97	38.60	96	78-114	1	0-18	



RPD: Relative Percent Difference. CL: Control Limits



Sample Analysis Summary Report

Work Order: 14-11-1366				Page 1 of 1
Method	<u>Extraction</u>	Chemist ID	Instrument	Analytical Location
EPA 1664A	N/A	29	N/A	1



Location 1: 7440 Lincoln Way, Garden Grove, CA 92841



Glossary of Terms and Qualifiers

Work Order: 14-11-1366 Page 1 of 1

Qualifiers	<u>Definition</u>
*	See applicable analysis comment.
<	Less than the indicated value.
>	Greater than the indicated value.
1	Surrogate compound recovery was out of control due to a required sample dilution. Therefore, the sample data was reported without further clarification.
2	Surrogate compound recovery was out of control due to matrix interference. The associated method blank surrogate spike compound was in control and, therefore, the sample data was reported without further clarification.
3	Recovery of the Matrix Spike (MS) or Matrix Spike Duplicate (MSD) compound was out of control due to suspected matrix interference. The associated LCS recovery was in control.
4	The MS/MSD RPD was out of control due to suspected matrix interference.
5	The PDS/PDSD or PES/PESD associated with this batch of samples was out of control due to suspected matrix interference.
6	Surrogate recovery below the acceptance limit.
7	Surrogate recovery above the acceptance limit.
В	Analyte was present in the associated method blank.
BU	Sample analyzed after holding time expired.
BV	Sample received after holding time expired.
Ε	Concentration exceeds the calibration range.
ET	Sample was extracted past end of recommended max. holding time.
HD	The chromatographic pattern was inconsistent with the profile of the reference fuel standard.
HDH	The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but heavier hydrocarbons were also present (or detected).
HDL	The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but lighter hydrocarbons were also present (or detected).
J	Analyte was detected at a concentration below the reporting limit and above the laboratory method detection limit. Reported value is estimated.
JA	Analyte positively identified but quantitation is an estimate.
ME	LCS Recovery Percentage is within Marginal Exceedance (ME) Control Limit range (+/- 4 SD from the mean).
ND	Parameter not detected at the indicated reporting limit.
Q	Spike recovery and RPD control limits do not apply resulting from the parameter concentration in the sample exceeding the spike concentration by a factor of four or greater.
SG	The sample extract was subjected to Silica Gel treatment prior to analysis.
Х	% Recovery and/or RPD out-of-range.
Z	Analyte presence was not confirmed by second column or GC/MS analysis.
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Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are reported on a wet weight basis.

Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of <= 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.

A calculated total result (Example: Total Pesticides) is the summation of each component concentration and/or, if "J" flags are reported, estimated concentration. Component concentrations showing not detected (ND) are summed into the calculated total result as zero concentrations.

14-11-1366

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11-18-14

DATE:_	VL	0	0		ē	
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WORK ORDER #: 14-11- 7 3 6 6

SAMPLE RECEIPT FORM

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CLIENT: Bota Offshore DATE: 11/18/14

TEMPEDATION. TI IN COOKS IN A COOK ASSESSMENT	limont/ticassa	
TEMPERATURE: Thermometer ID: SC2 (Criteria: 0.0 °C – 6.0 °C, not frozen except sec		
Temperature $5.7^{\circ}\text{C} - 0.2^{\circ}\text{C}$ (CF) = 5.5°C \Box Blank	☐ Sample	
☐ Sample(s) outside temperature criteria (PM/APM contacted by:)		
☐ Sample(s) outside temperature criteria but received on ice/chilled on same day of samplir	ng.	
☐ Received at ambient temperature, placed on ice for transport by Courier.		<u>.</u>
Ambient Temperature: ☐ Air ☐ Filter	Checked by:	30
CUSTODY SEALS INTACT:		3-0
	Checked by:	
□ Sample □ □ No (Not Intact) ☑ Not Present	Checked by:	876_
	N.I	NI/A
SAMPLE CONDITION: Yes	No	N/A
Chain-Of-Custody (COC) document(s) received with samples		
COC document(s) received complete.		
Collection date/time, matrix, and/or # of containers logged in based on sample labels.		
☐ No analysis requested. ☐ Not relinquished. ☐ No date/time relinquished.		
Sampler's name indicated on COC.		
Sample container label(s) consistent with COC. Sample container(s) intact and good condition.		
Proper containers and sufficient volume for analyses requested		
Analyses received within holding time.		LJ
Aqueous samples received within 15-minute holding time		
□ pH □ Residual Chlorine □ Dissolved Sulfides □ Dissolved Oxygen□		
Proper preservation noted on COC or sample container		Ц
Volatile analysis container(s) free of headspace □		P
Tedlar bag(s) free of condensation □ CONTAINER TYPE:		
Solid: 4ozCGJ	Cores [®] □	
Aqueous: □VOA □VOAh □VOAna₂ □125AGB □125AGBh □125AGBp □1AGB □		
□500AGB □500AGJ □500AGJs □250AGB □250CGB □250CGBs □1PB □		
□250PB □250PBn □125PB □125PBznna □100PJ □100PJna ₂ □ □ □		<u> </u>
Air: □Tedlar® □Canister Other: □ Trip Blank Lot#: Labeled/	Checked by: _ Reviewed by: _	

WORK ORDER #: 14-11- 7 3 6 6

SAMPLE ANOMALY FORM

SAMPLI	ES - CO	NTAIN	ERS & L	ABELS:			Comme	ents:	
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HEADS	PACE -	Contai	ners wit	h Bubble >	6mm o	r ¼ inch:			
Sample #	Container ID(s)	# of Vials Received	Sample #	Container ID(s)	# of Vials Received	Sample #	Container ID(s)	# of Cont. received	Analysis
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*Transfer	ed at Clie	ent's requ	est.				lr	nitial / Dat	te: 836 11/18/14





WORK ORDER NUMBER: 14-11-0764

The difference is service



AIR | SOIL | WATER | MARINE CHEMISTRY

Analytical Report For

Client: Beta Offshore

Client Project Name: Weekly NPDES Produced Water Monitoring

Attention: Marina Robertson

111 W. Ocean Blvd., Suite 1240 Long Beach, CA 90802-4633

amande Porter

Approved for release on 11/12/2014 by: Amanda Porter Project Manager



Email your PM)

ResultLink)

Eurofins Calscience, inc. (Calscience) certifies that the test results provided in this report meet all NELAC requirements for parameters for which accreditation is required or available. Any exceptions to NELAC requirements are noted in the case narrative. The original report of subcontracted analyses, if any, is attached to this report. The results in this report are limited to the sample(s) tested and any reproduction thereof must be made in its entirety. The client or recipient of this report is specifically prohibited from making material changes to said report and, to the extent that such changes are made, Calscience is not responsible, legally or otherwise. The client or recipient agrees to indemnify Calscience for any defense to any litigation which may arise.



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6	Chain-of-	Custody/Sample Receipt Form	8





Work Order Narrative

Work Order: 14-11-0764 Page 1 of 1

Condition Upon Receipt:

Samples were received under Chain-of-Custody (COC) on 11/10/14. They were assigned to Work Order 14-11-0764.

Unless otherwise noted on the Sample Receiving forms all samples were received in good condition and within the recommended EPA temperature criteria for the methods noted on the COC. The COC and Sample Receiving Documents are integral elements of the analytical report and are presented at the back of the report.

Holding Times:

All samples were analyzed within prescribed holding times (HT) and/or in accordance with the Calscience Sample Acceptance Policy unless otherwise noted in the analytical report and/or comprehensive case narrative, if required.

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Quality Control:

All quality control parameters (QC) were within established control limits except where noted in the QC summary forms or described further within this report.

Additional Comments:

Air - Sorbent-extracted air methods (EPA TO-4A, EPA TO-10, EPA TO-13A, EPA TO-17): Analytical results are converted from mass/sample basis to mass/volume basis using client-supplied air volumes.

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Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are always reported on a wet weight basis.

Subcontractor Information:

Unless otherwise noted below (or on the subcontract form), no samples were subcontracted.



Analytical Report

Beta Offshore

111 W. Ocean Blvd., Suite 1240 Long Beach, CA 90802-4633

Date Received:

Work Order:

11/10/14

14-11-0764

Preparation: Method:

N/A EPA 1664A

Units:

mg/L

Project: Weekly NPDES Produced Water Monitoring

Page 1 of 1

Client Sample Number	Lab Sample Number	Date/Time Collected	Matrix	Instrument	Date Prepared	Date/Time Analyzed	QC Batch ID
NPDES Prod. Water	14-11-0764-1-A	11/08/14 12:36	Aqueous	N/A	11/10/14	11/10/14 18:00	E1110HEML5
<u>Parameter</u>		Result	<u>RL</u>		<u>DF</u>	<u>Qualifiers</u>	
HEM: Oil and Grease		25.3	1.0	00	1.00		

Method Blank 099-05-	.119-3732 N/A	Aqueous N/A	11/10/14	11/10/14 E1110HEML5 18:00
<u>Parameter</u>	<u>Result</u>	<u>RL</u>	<u>DF</u>	<u>Qualifiers</u>
HEM: Oil and Grease	ND	1.0	1.00	



MDL: Method Detection Limit. RL: Reporting Limit. DF: Dilution Factor.



Quality Control - LCS/LCSD

Beta Offshore

111 W. Ocean Blvd., Suite 1240 Long Beach, CA 90802-4633 Date Received:

11/10/14

Work Order:

14-11-0764

Preparation:

N/A

Method:

EPA 1664A

Project: Weekly NPDES Produced Water Monitoring

Page 1 of 1

Quality Control Sample ID Type		Mat	Matrix		Instrument Date Prepared		Analyzed	LCS/LCSD Batch Number	
099-05-119-3732	LCS	Aqueous		N/A	11/10/14	11/1	0/14 18:00	E1110HEML5	
099-05-119-3732	LCSD	Aqı	ieous	N/A	11/10/14	11/1	0/14 18:00	E1110HEML5	5
Parameter	Spike Added	LCS Conc.	LCS %Rec.	LCSD Conc.	LCSD %Rec.	%Rec. CL	<u>RPD</u>	RPD CL	Qualifiers
HEM: Oil and Grease	40.00	39.20	98	39.00	98	78-114	1	0-18	







Sample Analysis Summary Report

Work Order: 14-11-0764				Page 1 of 1
Method EPA 1664A	Extraction N/A	Chemist ID 29	<u>Instrument</u> N/A	Analytical Location 1

Location 1: 7440 Lincoln Way, Garden Grove, CA 92841



reported on a wet weight basis.

Glossary of Terms and Qualifiers

Work Order: 14-11-0764	Page 1 of 1
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Qualifiers	<u>Definition</u>
*	See applicable analysis comment.
<	Less than the indicated value.
>	Greater than the indicated value.
1	Surrogate compound recovery was out of control due to a required sample dilution. Therefore, the sample data was reported without further clarification.
2	Surrogate compound recovery was out of control due to matrix interference. The associated method blank surrogate spike compound was in control and, therefore, the sample data was reported without further clarification.
3	Recovery of the Matrix Spike (MS) or Matrix Spike Duplicate (MSD) compound was out of control due to suspected matrix interference. The associated LCS recovery was in control.
4	The MS/MSD RPD was out of control due to suspected matrix interference.
5	The PDS/PDSD or PES/PESD associated with this batch of samples was out of control due to suspected matrix interference.
6	Surrogate recovery below the acceptance limit.
7	Surrogate recovery above the acceptance limit.
В	Analyte was present in the associated method blank.
BU	Sample analyzed after holding time expired.
BV	Sample received after holding time expired.
E	Concentration exceeds the calibration range.
ET	Sample was extracted past end of recommended max. holding time.
HD	The chromatographic pattern was inconsistent with the profile of the reference fuel standard.
HDH	The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but heavier hydrocarbons were also present (or detected).
HDL	The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but lighter hydrocarbons were also present (or detected).
J	Analyte was detected at a concentration below the reporting limit and above the laboratory method detection limit. Reported value is estimated.
JA	Analyte positively identified but quantitation is an estimate.
ME	LCS Recovery Percentage is within Marginal Exceedance (ME) Control Limit range (+/- 4 SD from the mean).
ND	Parameter not detected at the indicated reporting limit.
Q	Spike recovery and RPD control limits do not apply resulting from the parameter concentration in the sample exceeding the spike concentration by a factor of four or greater.
SG	The sample extract was subjected to Silica Gel treatment prior to analysis.
Χ	% Recovery and/or RPD out-of-range.
Z	Analyte presence was not confirmed by second column or GC/MS analysis.
	Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are

Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of <= 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.

A calculated total result (Example: Total Pesticides) is the summation of each component concentration and/or, if "J" flags are reported, estimated concentration. Component concentrations showing not detected (ND) are summed into the calculated total result as zero concentrations.

14-11-0764

Received by: Received by: Received by: Relinquished by: Relinq	LTSE	Environmental Inc. Report to: Marina Robertson Bill to: Marina Robertson							
Ventura, CA 93003 305-844-4560 FACILITY: Platform Elly SAMPLER NAME: PROJECTIONARCE # REPORT TO: Marina Robertson PHONE: 502-803-3497 PROJECTIONARCE # RESULTS REQUIRED: RESULTS REQUIRED: PROJECTIONARCE # REPORT TO: Marina Robertson PHONE: 502-803-3497 PROJECTIONARCE # RESULTS REQUIRED: RESULTS REQUIRED: RESULTS REQUIRED: RESULTS BY: PHONE: 10 GRABLY VOLUME COUNTY BY: PHONE: 502-803-5497 PROJECTIONARCE # RESULTS REQUIRED: RESULTS REQUIRED: RESULTS BY: PHONE: 10 GRABLY VOLUME COUNTY BY: PHONE: 305-844-4560 SAMPLE SAMPLE ID GRABLY VOLUME COUNTY BY: PHONE: 305-844-4560 TO 4 Adironatack, Ventura, CA 93003 SAMPLE NAME: PHONE: 10 GRABLY VOLUME COUNTY BY: PHONE: 305-844-4560 TO 4 Adironatack, Ventura, CA 93003 SAMPLE NAME: PHONE: 305-844-4560 TO 4 Adironatack, Ventura, CA 93003 SAMPLE NAME: PHONE: 305-844-4560 TO 4 Adironatack, Ventura, CA 93003 SAMPLE NAME: PHONE: 305-844-4560 TO 4 Adironatack, Ventura, CA 93003 SAMPLE NAME: PHONE: 305-844-4560 TO 4 Adironatack, Ventura, CA 93003 SAMPLE NAME: PHONE: 305-844-4560 TO 4 Adironatack, Ventura, CA 93003 SAMPLE NAME: PHONE: 305-844-4560 TO 4 Adironatack, Ventura, CA 93003 SAMPLE NAME: PHONE: 305-844-4560 TO 4 Adironatack, Ventura, CA 93003 SAMPLE NAME: PHONE: 305-844-4560 TO 4 Adironatack, Ventura, CA 93003 SAMPLE NAME: PHONE: 305-844-4560 TO 4 Adironatack, Ventura, CA 93003 SAMPLE NAME: PHONE: 305-844-4560 TO 4 Adironatack, Ventura, CA 93003 SAMPLE NAME: PHONE: 305-844-4560 TO 4 Adironatack, Ventura, CA 93003 SAMPLE NAME: PHONE: 305-844-4560 TO 4 Adironatack, Ventura, CA 93003 SAMPLE NAME: PHONE: 305-844-4560 TO 4 Adironatack, Ventura, CA 93003 SAMPLE NAME: PHONE: 305-844-4560 TO 4 Adironatack, Ventura, CA 93003 SAMPLE NAME: PHONE: 305-844-4560 TO 4 Adironatack, Ventura, CA 93003 SAMPLE NAME: PHONE: 305-844-4560 TO 4 Adironatack, Ventura, CA 93003 SAMPLE NAME: PHONE: 305-844-4560 TO 4 Adironatack, Ventura, CA 93003 SAMPLE NAME: PHONE: 305-844-4560 TO 4 Adironatack, Ventura, CA 93003 SAMPLE NAME: PHONE: 305-844-4560 TO 4 Adironatack,	3		•		111 W. Ocean Blvd. S	uite 1240	111 W. Ocea	n Blvd. Suite 1240	
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FACILITY: Platform Elly SAMPLER NAME: Weskly NPDES Produced Water Monitoring PROJECTICHARGE # Weskly NPDES Produced Water Monitoring RESULTS RECUIRED: 48 hr RUSH RESULTS BY: PHONE: E-MAIL X mrobertson@betaoffshore.com SAMPLE SAMPLE ID GRAB! VOLUME COLLECTED NO. COMP. COMP. COLLECTED 1 NPDES Prod. Water grab 1 L amber amber MPDES Prod. Water grab 1 L amber ANDES Prod. Water grab 1 L amber ANDES Prod. Water grab 1 L ANDES	18					***************************************			
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Marine Shipping Manifest

Shipp	ing Date: //-/0-/4	Carrier:				
From	Platform: Ellen Elly Eureka	To: ÆÓock/Ship Se	rvices DE	llen □El	ly	ПEureka
QTY	DESCRIPTION	VENDOR	WO#	EQUIPMENT NAME	REASON RPR-Repair RTN-Return EXC- Exchange Trash	RENTAL CONDITION Check Box 1-NEW 2-DIRTY 3-REUSABL
_	COOLER W/ OVERBOARD WATER					
	SAMPLE					
		\$.				
	ATTN: MARINA ROBERTSON					
					Secreto)	
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WORK ORDER #: 14-11-0 76 4

SAMPLE RECEIPT FORM

Cooler _ of _ _

CLIENT: LTS ENVIRONMENTAL INC	DATE:	11/10/	14
TEMPERATURE: Thermometer ID: SC2 (Criteria: 0.0 °C – 6.0 °C, not for Temperature °C - 0.2 °C (CF) = 3 &_ °C		ediment/tissue) Sample	
☐ Sample(s) outside temperature criteria (PM/APM contacted by:	_)		
☐ Sample(s) outside temperature criteria but received on ice/chilled on sai	me day of sampl	ling.	
☐ Received at ambient temperature, placed on ice for transport by	y Courier.		Sola
Ambient Temperature: Air Filter		Checked by:	809
CUSTODY SEALS INTACT:			
□ Cooler □ □ No (Not Intact) ┛Not Pres	ent □ N/A	Checked by:	204
□ Sample □ □ No (Not Intact) ☑ Not Pres	ent	Checked by: Checked by:	8m
SAMPLE CONDITION:	Yes	No	NIA
Chain-Of-Custody (COC) document(s) received with samples			
COC document(s) received complete			
☐ Collection date/time, matrix, and/or # of containers logged in based on sample la	bels.		
☐ No analysis requested. ☐ Not relinquished. ☐ No date/time relinquished.			
Sampler's name indicated on COC		_ 5%	
Sample container label(s) consistent with COC		A Malin	
Sample container(s) intact and good condition			
Proper containers and sufficient volume for analyses requested			
Analyses received within holding time	J		
Aqueous samples received within 15-minute holding time			
☐ pH ☐ Residual Chlorine ☐ Dissolved Sulfides ☐ Dissolved Oxygen	🗆		Q
Proper preservation noted on COC or sample container	Ø		
☐ Unpreserved vials received for Volatiles analysis			Market Control
Volatile analysis container(s) free of headspace			
Tedlar bag(s) free of condensation CONTAINER TYPE:	🗆		
Solid: 4ozCGJ 8ozCGJ 16ozCGJ Sleeve () EnC	Cores [®] □Terra	aCores® 🗆	
Aqueous: □VOA □VOAh □VOAna₂ □125AGB □125AGBh □125AG	GBp □1AGB I	□1AGB na ₂′⊡́	1AGBs
□500AGB □500AGJ □500AGJs □250AGB □250CGB □250C	GBs □1PB	□1PB na □5	00PB

□250PB □250PBn □125PB □125PBznna □100PJ □100PJna₂ □____ □

Preservative: h: HCL n: HNO₃ na₂:Na₂S₂O₃ na: NaOH p: H₃PO₄ s: H₂SO₄ u: Ultra-pure znna: ZnAc₂+NaOH f: Filtered Scanned by:

Container: C: Clear A: Amber P: Plastic G: Glass J: Jar B: Bottle Z: Ziploo/Resealable Bag E: Envelope

Air: Tedlar® Canister Other: Trip Blank Lot#:_____ Labeled/Checked by:

Capito Constants (STATE)

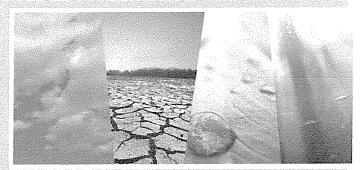
Reviewed by: 7





WORK ORDER NUMBER: 14-12-1473

The difference is service



AIR | SOIL | WATER | MARINE CHEMISTRY

Analytical Report For

Client: Beta Offshore

Client Project Name: Elly Produced Water

Attention: Marina Robertson

111 W. Ocean Blvd., Suite 1240 Long Beach, CA 90802-4633

Am Birth h

Approved for release on 12/17/2014 by: Amanda Porter Project Manager



ResultLink >

Email your PM)

Eurofins Calscience, inc. (Calscience) certifies that the test results provided in this report meet all NELAC requirements for parameters for which accreditation is required or available. Any exceptions to NELAC requirements are noted in the case narrative. The original report of subcontracted analyses, if any, is attached to this report. The results in this report are limited to the sample(s) tested and any reproduction thereof must be made in its entirety. The client or recipient of this report is specifically prohibited from making material changes to said report and, to the extent that such changes are made, Calscience is not responsible, legally or otherwise. The client or recipient agrees to indemnify Calscience for any defense to any litigation which may arise.



Contents

Client I	Project	Name:	
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Elly Produced Water

Work Order Number: 14-12-1473

1	Work Order Narrative	3
2	Client Sample Data	4 4
3	Quality Control Sample Data. 3.1 MS/MSD. 3.2 LCS/LCSD. 3.2 LCS/LCSD.	5 5 6
4	Sample Analysis Summary	7
5	Glossary of Terms and Qualifiers	8
6	Chain-of-Custody/Sample Receipt Form	9



Work Order Narrative

Work Order: 14-12-1473 Page 1 of 1

Condition Upon Receipt:

Samples were received under Chain-of-Custody (COC) on 12/15/14. They were assigned to Work Order 14-12-1473.

Unless otherwise noted on the Sample Receiving forms all samples were received in good condition and within the recommended EPA temperature criteria for the methods noted on the COC. The COC and Sample Receiving Documents are integral elements of the analytical report and are presented at the back of the report.

Holding Times:

All samples were analyzed within prescribed holding times (HT) and/or in accordance with the Calscience Sample Acceptance Policy unless otherwise noted in the analytical report and/or comprehensive case narrative, if required.

Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of <= 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.

Quality Control:

All quality control parameters (QC) were within established control limits except where noted in the QC summary forms or definition in the QC summary forms of the QC summary forms of

Additional Comments:

Air - Sorbent-extracted air methods (EPA TO-4A, EPA TO-10, EPA TO-13A, EPA TO-17): Analytical results are converted from mass/sample basis to mass/volume basis using client-supplied air volumes.

New York NELAP air certification does not certify for all reported methods and analytes, reference the accredited items here: http://www.calscience.com/PDF/New York.pdf

Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are always reported on a wet weight basis.

Subcontractor Information:

Unless otherwise noted below (or on the subcontract form), no samples were subcontracted.





Analytical Report

Date Received: 12/15/14 Beta Offshore 14-12-1473 111 W. Ocean Blvd., Suite 1240 Work Order: Preparation: Long Beach, CA 90802-4633 EPA 1664A Method: Units:

Page 1 of 1 Project: Elly Produced Water

Client Sample Number	Lab Sample Number	Date/Time Collected	Matrix	Instrument	Date Prepared	Date/Time Analyzed	QC Batch ID
NPDES Produced Water SO3	14-12-1473-1-A	12/10/14 02:45	Aqueous	N/A	12/16/14	12/16/14 18:00	E1216HEML1
<u>Parameter</u>		Result	RL	•	<u>DF</u>	Qua	<u>alifiers</u>
HEM: Oil and Grease		13.3	1.0	00	1.00		

Method Blank 09	9-05-119-3781 N/A	Aqueous N/A	12/16/14	12/16/14 E1216HEML1 18:00
<u>Parameter</u>	Result	<u>RL</u>	<u>DF</u>	<u>Qualifiers</u>
HEM: Oil and Grease	ND	1.0	1.00	



N/A

mg/L



RL: Reporting Limit. DF: Dilution Factor. MDL: Method Detection Limit.



Quality Control - Spike/Spike Duplicate

Beta Offshore

111 W. Ocean Blvd., Suite 1240 Long Beach, CA 90802-4633 Date Received:

12/15/14

Work Order:

14-12-1473

Preparation:

N/A

Method:

EPA 1664A

Page 1 of 1

Project: Elly Produced Water

Quality Control Sample ID	Type		Matrix	Ins	trument	Date Prepared	Date Ana	lyzed	MS/MSD Bat	ch Number
14-12-1176-1	Sample		Aqueou	s N/A	1	12/16/14	12/16/14	18:00	E1216HEMS	1
14-12-1176-1	Matrix Spike		Aqueou	s N/A	1	12/16/14	12/16/14	18:00	E1216HEMS	1
14-12-1176-1	Matrix Spike	Duplicate	Aqueou	s N/A	1	12/16/14	12/16/14	18:00	E1216HEMS	1
<u>Parameter</u>	<u>Sample</u> <u>Conc.</u>	Spike Added	MS Conc.	MS %Rec.	MSD Conc.	MSD %Rec.	%Rec. CL	RPD	RPD CL	Qualifiers
HEM: Oil and Grease	ND	40.00	38.60	96	37.10	93	78-114	4	0-18	



RPD: Relative Percent Difference. CL: Control Limits



Quality Control - LCS/LCSD

Beta Offshore 111 W. Ocean Blvd., Suite 1240 Long Beach, CA 90802-4633 Date Received: Work Order: Preparation:

Method:

12/15/14 14-12-1473 N/A

EPA 1664A

Project: Elly Produced Water Page 1 of 1

Quality Control Sample ID	Type	Mat	rix	Instrument	Date Prepa	red Date	Analyzed	LCS/LCSD Ba	atch Number
099-05-119-3781	LCS	Aqı	ieous	N/A	12/16/14	12/1	6/14 18:00	E1216HEML1	
099-05-119-3781	LCSD	Aqı	ieous	N/A	12/16/14	12/1	6/14 18:00	E1216HEML1	
<u>Parameter</u>	Spike Added	LCS Conc.	LCS %Rec.	LCSD Conc.	LCSD %	6Rec. CL	RPD	RPD CL	Qualifiers
HEM: Oil and Grease	40.00	37.80	94	38.40	96 7	8-114	2	0-18	







Sample Analysis Summary Report

 Method
 Extraction
 Chemist ID
 Instrument
 Analytical Location

 EPA 1664A
 N/A
 29
 N/A
 1





Glossary of Terms and Qualifiers

Work Order: 14-12-1473	Page 1 of 1
------------------------	-------------

_		D. F. Mary
<u>C</u>	ualifiers	<u>Definition</u>
	*	See applicable analysis comment.
	<	Less than the indicated value.
	>	Greater than the indicated value.
	1	Surrogate compound recovery was out of control due to a required sample dilution. Therefore, the sample data was reported without further clarification.
	2	Surrogate compound recovery was out of control due to matrix interference. The associated method blank surrogate spike compound was in control and, therefore, the sample data was reported without further clarification.
	3	Recovery of the Matrix Spike (MS) or Matrix Spike Duplicate (MSD) compound was out of control due to suspected matrix interference. The associated LCS recovery was in control.
	4	The MS/MSD RPD was out of control due to suspected matrix interference.
	5	The PDS/PDSD or PES/PESD associated with this batch of samples was out of control due to suspected matrix interference.
	6	Surrogate recovery below the acceptance limit.
	7	Surrogate recovery above the acceptance limit.
	В	Analyte was present in the associated method blank.
	BU	Sample analyzed after holding time expired.
	BV	Sample received after holding time expired.
	E	Concentration exceeds the calibration range.
	ET	Sample was extracted past end of recommended max. holding time.
	HD	The chromatographic pattern was inconsistent with the profile of the reference fuel standard.
	HDH	The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but heavier hydrocarbons were also present (or detected).
	HDL	The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but lighter hydrocarbons were also present (or detected).
	J	Analyte was detected at a concentration below the reporting limit and above the laboratory method detection limit. Reported value is estimated.
	JA	Analyte positively identified but quantitation is an estimate.
	ME	LCS Recovery Percentage is within Marginal Exceedance (ME) Control Limit range (+/- 4 SD from the mean).
	ND	Parameter not detected at the indicated reporting limit.
	Q	Spike recovery and RPD control limits do not apply resulting from the parameter concentration in the sample exceeding the spike concentration by a factor of four or greater.
	SG	The sample extract was subjected to Silica Gel treatment prior to analysis.
	Х	% Recovery and/or RPD out-of-range.
	Z	Analyte presence was not confirmed by second column or GC/MS analysis.
		Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are reported on a wet weight basis.

To the source of the weight basis.

Any parameter identified in 40CEP Part 136 3 Table II that is designated as "analyze immediately" with a holding time of <= 15 minute.

Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of <= 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.

A calculated total result (Example: Total Pesticides) is the summation of each component concentration and/or, if "J" flags are reported, estimated concentration. Component concentrations showing not detected (ND) are summed into the calculated total result as zero concentrations.



∼'science Environmental Laboratories, Ir

SoCal Laboratory 7440 Lincoln Way Garden Grove, CA 92841-1427 (714) 895-5494

٦	NorCal Service Center
	5063 Commercial Circle, Suite I
	Concord, CA 94520-8577
	(925) 689-9022

CHAIN	OF	CUST	ODY	REC	RE
-------	----	------	-----	-----	----

Date	12-10-14
	1 -6)

LABORA	TORY CLIENT: BETA OFFSHORE					,	CLIENT PROJECT NAME / NUMBER: Elly Produced Water						P.O. NO.;											
ADDRES	SILI W. OCEAN BL	VD. SUITE 12	240	anning and and an anning and an anning and an anning an				-d=	71400	ACT					····•			LAR	ήE Q	lion.	41	3 - 710	D	
CITY L	ONG BEACH	CA		90	80Z		M	AR	AUI.	PINIT	(DB	E72:	750	ん TELT	LOG	CODE		7710700 2 9 9 7 1 0 2		ECEIF	-14			4
TEL:56	2.683.3497 E-M	nrobertson @	betast t	shore a	com		MARINA ROBENZTSON SAMPLER(S): (PRINT) COELT LOG CODE COOLER RECEIPT TEMP=									º(С							
TURNA	ROUND TIME: IE DAY 24 HR X48		STANDA					-	-			1	UE			A	JAL	_YS	ES					
SPECIA	L REQUIREMENTS (ADDITIONAL CO							(†	n	٦														
	L INSTRUCTIONS:	Second Se						C6-C4	49									0	218.6	15)				
)6) or (16	60B) or		(9)	5)				3270C)	B/747	7199 01	r (TO-				
								2-92)	PA	BE (82	(8)	s (8260	eb (503	(202	(80814	2)	0) or (8	(6010	16A or	-14A) c	0-3]+			
LAB			SAMA	PLING	Ι	NO.	(b)	TPH (d) or (C6-C36) or (C6-C44)	\widehat{m}	BTEX / MTBE (8260B)	VOCs (8260B)	Oxygenates (8260B)	Encore Prep (5035)	SVOCs (8270C)	Pesticides (8081A)	PCBs (8082)	PNAs (8310) or (8270C)	722 Metals (6010B/747X)	Cr(VI) [7196A or 7199 or 218.6]	OCs (TO-14A) or (TO-15)	гРН (g) [ТО-3]-			
USE ONLY	SAMPLE ID	FIELD POINT NAME (FOR COELT EDF)	DATE	TIME	MATRIX	NO. OF CONT.	TPH (g)	핕	TPH (_	BTE	9	ő	립	SVC	Pest	PC	P. N	T22	S	Š	卢			
1	JPDES Produced Water	1 503	12/10/14	2:45 AM	Water	1			X				_							_			_	_
								*														\dashv		
																						_		
														_								\dashv	\dashv	_
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														-								\dashv	+	-
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Reling	uished by: (Signature)	Se y Cilyan		Rece	ived by:	(Signar	ture/A	atio	on)					1			Date		 ما ا م	1	Time		DM	
Mat Reling	Matt Fuller Mc for M. fuller Warning to Received by: (Signature) Received by: (Signature)							ffiliation	on)	7	-07						Date	Z-15-14 Date:			Z:55 PM Time:			
W	uished by: (Signature)				ived by:	1/	an	ncz	C	<u></u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				() Date	(2-15-14)		Time	7) ≥ 1 a:	+ 1	$\overline{-}$	
Reimo	uisited by. (Signature)			1,000	,	(3.9114		1 + 1 5 1 S.A. L.S.						(mand, min again again	************							***************************************	***************************************	

0&@@gahis 736898-9702



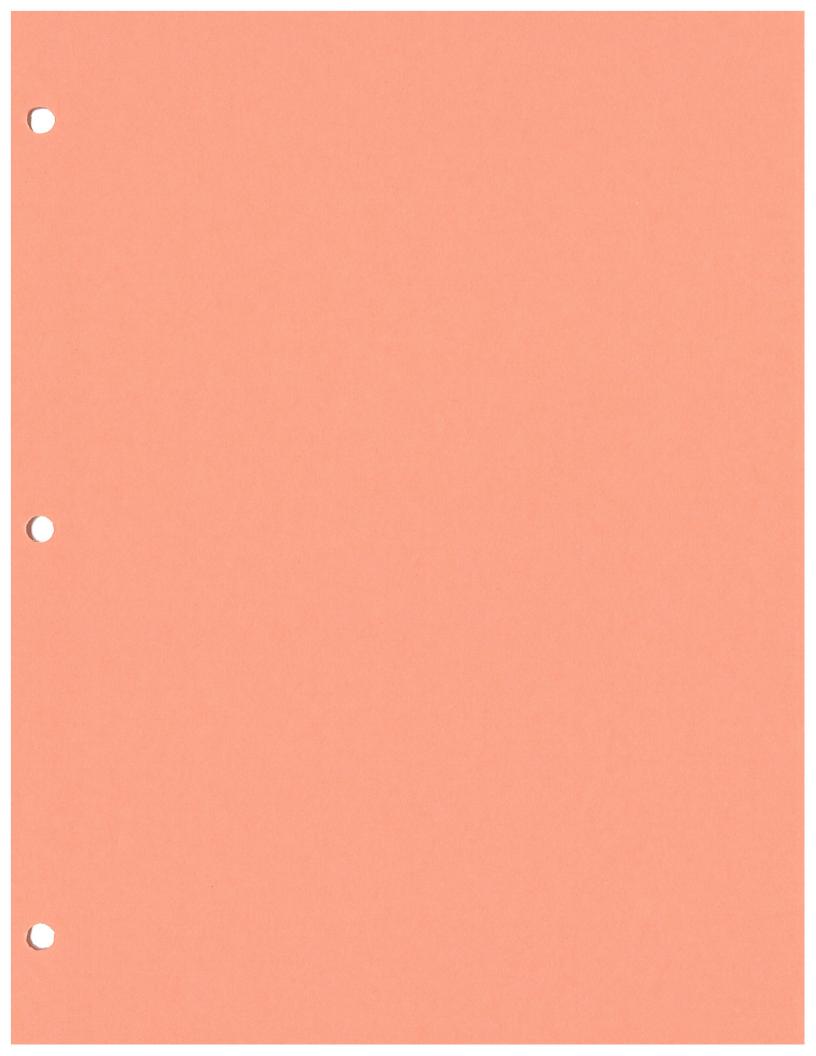
Calscience

WORK ORDER #: 14-12-11 日子5

SAMPLE RECEIPT FORM Cooler _ _ of _ _

CLIENT: Beta Offiskore	DATE:	12/15/14
TEMPERATURE: Thermometer ID: SC2 (Criteria: 0.0	°C – 6.0 °C, not frozen except se	ediment/tissue)
Temperature °C - 0.2 °C (CF) = _	Blank □ Blank	☐ Sample
☐ Sample(s) outside temperature criteria (PM/APM conf	acted by:)	
☐ Sample(s) outside temperature criteria but received o	ր ice/chilled on same day of samp	ling.
☐ Received at ambient temperature, placed on ice	for transport by Courier.	
Ambient Temperature: ☐ Air ☐ Filter	•	Checked by: 15
- CARDINARAN NO PROCESSO WALL AREA		
CUSTODY SEALS INTACT:		
□ Cooler □ □ No (Not Intact)		Checked by:
□ Sample □ □ No (Not Intact)	☑ Not Present	Checked by: <u>\$12</u>
SAMPLE CONDITION:	Yes	No N/A
Chain-Of-Custody (COC) document(s) received with s	amplesД	
COC document(s) received complete	<u></u>	
☐ Collection date/time, matrix, and/or # of containers logged in		
☐ No analysis requested. ☐ Not relinquished. ☐ No date	e/time relinquished.	
Sampler's name indicated on COC		
Sample container label(s) consistent with COC		
Sample container(s) intact and good condition	Ø	
Proper containers and sufficient volume for analyses r	equested 🏿	
Analyses received within holding time		
Aqueous samples received within 15-minute holdin	g time	
☐ pH ☐ Residual Chlorine ☐ Dissolved Sulfides ☐ Di	ssolved Oxygen	
Proper preservation noted on COC or sample contained	er 🗹	
☐ Unpreserved vials received for Volatiles analysis		
Volatile analysis container(s) free of headspace		
Tedlar bag(s) free of condensation CONTAINER TYPE:		
Solid: □4ozCGJ □8ozCGJ □16ozCGJ □Sleeve	() □EnCores® □Terra	Cores® □
Aqueous: □VOA □VOAh □VOAna₂ □125AGB □12		
□500AGB □500AGJ □500AGJs □250AGB □2	1	
□250PB □250PBn □125PB □125PB znna □100F	J □100PJ na₂ □ □_	
Air: Tedlar Canister Other: Trip Bla Container: C: Clear A: Amber P: Plastic G: Glass J: Jar B: Bottle Z: Zi Preservative: h: HCL n: HNO2 na::NaoS2O3 na: NaOH p: H3PO4 s: H2SO4	nk Lot#:Labelec	Reviewed by:





Platform Eureka Attachment 1

EPA DMR PERMIT NO. CAG280000

NITORING REPORT (DMR)

Form Approved OME 040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 001A-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/31/2014 10/01/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge C

		QUAI	ITITY OR LOADIN	G	C	QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		*****		*****	*****	****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	****	****	*****	****					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	****	*****					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	****	0	bbl	*****	*****	****	*****		Annual	Calctf
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	36650 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	****			*****	*****					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	GRAB

MAMIE ILLE LUMON VE EVEGO HAT OU HOTE	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Lobert	TELEPHO	ONE .	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 628	3 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 2. Drill fluid inventory refer to Attachment referenced, when applicable.
- 3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

DISCHARG

NITORING REPORT (DMR)

Form Approved OMB. 040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

001A-A CAF001149 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	*****	****	****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	0	bbl	*****	*****	*****	*****		Annual	Calctd
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	13350 YTD TOT	bbl	*****	****	*****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	****	*****		*****	*****				"
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	3 MINIMUM	****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. tobah	TELEPI	HONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- Drill fluid inventory refer to Attachment.referenced, when applicable.
 Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

MONITORING PERIOD

DISCHARGE

NITORING REPORT (DMR)

Form Approved OMB 040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

MM/DD/YYYY

10/01/2014

002A-A DISCHARGE NUMBER

MM/DD/YYYY

10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Produced Water Monthly

External Outfall

No Discharge A

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	****	*****	*****	****						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		****	bbl/d	*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	****	*****	*****	*****		Daily	ESTIMA

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	1. C.	TELEPI	HONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and implisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	8 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. PW annual cumulative flow from Mar 1st thru Feb 28th each year.
- 2. If PW is discharged, 12 mo of monitoring is required for RP analysis
- 3. Produced water is commingled & processed at platform Elly before being injected or discharged

DISCHARGI

NITORING REPORT (DMR)

Form Approved OMB 040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 003A-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/31/2014 10/01/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluids

External Outfall

No Discharge A

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****			*****	*****	*****	****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT				*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Volut	TELEPI	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	8 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

4.If present, WTCWFs are commingled with produced water and injected back into the formation.

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Chemical Inventory, refer to Attachment referenced, when applicable.

DISCHARG

NITORING REPORT (DMR)

Form Approved OME 040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

004A-A DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY 10/01/2014

MM/DD/YYYY 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Deck Drainage External Outfall

No Discharge C

ATTN: Marina Robertson

MIN		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT		*****		****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

I certify under penalty of law that this document and all attachments were prepared under my direction or TELEPHONE DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is Marina Robertson, HSE Manager Jim Guion (562) 628 1526 01 22 2015 o the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significa SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR Executive Vice President, Chief Operating Officer penalties for submitting false Information, including the possibility of fine and imprisonment for knowing **AUTHORIZED AGENT** AREA Code NUMBER MM/DD/YYYY TYPED OR PRINTED

- 1. Free Oil Sheen # days observed
- 2. Fire Control water, and Laboratory Waste are commingled with Deck Drainage, and sent to a disposal well. No Deck Drainage discharge at platform Eureka.

1 011117 (pp10100 OMB.No. 2040-0004

PERMITTEE ME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 005A-A DISCHARGE NUMBER **PERMIT NUMBER** MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

WW		QUAN	ITITY OR LOADIN	G	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, domestic	SAMPLE MEASUREMENT	NODI (A)	*****	bbl/d	****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI (9)	NODI (9)				
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	51	*****	bbl/d	*****	*****	*****	*****	0	Monthly	Estima
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	*****	0	#/mo	*****	*****	*****	*****	0	Daily	Visual
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	****	Req. Mon. MO AVG	#/mo	****	*****	*****	*****		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	****	NODI (A)		*****	*****	*****	*****			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL

i .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and yevaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Colombia	TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.
- 2. The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges

DISCHARGE MONITORING REPORT (DMR)

FUITH Approved OMB No. 2040-0004

PERMITTEE ME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 006A-A PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY

DISCHARGE NUMBER

MM/DD/YYYY 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Blowout Preventer Fluid

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

10/01/2014

1	l certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M:	66	The second secon	TELEF	HONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the Information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	Marina Robe SIGNATUR	E OF PRINCI	PAL EXECUTIVE OFFICER OR	(562) 6	28 1526	01 22 2015
TYPED OR PRINTED	violations.		AUTHO	RIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

ευπη Αργιονέα OMB No. 2040-0004

PERMITTEE N. .. AE/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 007A-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

10/31/2014

01-

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

10/01/2014

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	m. Char	The second secon	TELEP	HONE	DATE
Jilli Gulon		SIGNATURE OF PRINCIPAL	EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZE	DAGENT	AREA Code	NUMBER	MM/DD/YYYY

OMB No. 2040-0004

PERMITTEE Now AE/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149	008A-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014	

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Fire Control System Water

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and tevaluate the Information submitted. Based on my inquiry of the person or persons who manage the	SO.	10	FOOD		TELEP	HONE	DATE
Jim Guion		Marina Ro			Manager AL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.		,	AUTHOR	IZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment 2
- 2. Fire Control System Water is commingled with Deck Drainage and injected at Eureka.

DISCHARGE MONITORING REPORT (DMR)

COMB No. 2040-0004

PERMITTEE N. ... AE/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149
PERMIT NUMBER

MM/DD/YYYY

10/01/2014

009A-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI (B)	NODI (B)	mg/L	0	Quarterly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	.00585 MO AVG	.0102 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT Gra	*****	*****	****	*****	****	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	68,571	*****	bbl/d	*****	*****	*****	*****	0	Monthly	Estima
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbi/d	*****	*****	*****	*****		Monthly	ESTIMA

MANUEL THE PRINT AL EXCOUNTE OF TOLK	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Klast	TELEP	HONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violauons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Chemical Inventory, refer to Attachment 2.
- 2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

Page 1

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	010A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE:

90802

R Walling ZIP CODE:

MINOR (SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge C

		QUAN	TITY OR LOADIN	NG	G	UALITY OR CON	ICENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	Ī	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Mainie	Kart	TELEP	HONE	DATE
Jilli Gulon	to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRIN	CIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTH	ORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Page 1

Fulli Appluveu OMB No. 2040-0004

PERMITTEE No. of ME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 011A-A PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Bilge Water External Outfall

No Discharge C

		QUAN'	TITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	*****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	m. Khut	TELEPI	HONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and impisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Louis Approved OMB No. 2040-0004

PERMITTEE NorME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149 PERMIT NUMBER

012A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Boiler Blowdown

External Outfall

No Discharge C

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M	,	F	15		TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing	Marina f				nager EXECUTIVE OFFICER OR	(562) 6:	28 1526	01 22 2015
TYPED OR PRINTED	violations.			AUTHO	ORIZE	ED AGENT	AREA Code	NUMBER	MM/DD/YYYY

i ominyprovou OMB No. 2040-0004

PERMITTEE Navie/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER MM/DD/YYYY

10/01/2014

013A-A DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Test Fluids **External Outfall**

No Discharge C

ATTN: Marina Robertson

MINISTER STATE OF THE STATE OF		QUAN	TITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

MAME, HILE EKINGICAL EXECUTIVE OF FIGUR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Lobuste	TELEP	HONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the Information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

ε οπη Αργιονου OMB No. 2040-0004

PERMITTEE N. ME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 014A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge C

FREQUENCY QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. SAMPLE ΕX OF ANALYSIS TYPE **PARAMETER VALUE** VALUE UNITS VALUE **VALUE VALUE** UNITS ***** ***** ***** ***** ***** SAMPLE Free Oil Visual Sheen MEASUREMENT ***** ***** ***** ***** ***** Reg. Mon. d VISUAL 51689 RW 0 PERMIT Daily REQUIREMENT MO TOTAL Receiving Water ***** ***** ***** ***** Floating solids or visible foam-SAMPLE ***** MEASUREMENT visual/days ***** ***** ***** ***** ***** Req. Mon. d Daily VISUAL 51705 RW 0 PERMIT REQUIREMENT MO TOTAL Receiving Water

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evapluate the information submitted. Based on my inquiry of the person or persons who manage the	Marin Charter	TELEPHO	ONE	DATE
Jilli Gulon	system, or those persons directly responsible for gathering the information, the Information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 628	8 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

OMB No. 2040-0004

PERMITTEE ME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 015A-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
D/YYYY MM/DD/YYYY

10/31/2014

MM/DD/YYYY 10/01/2014 DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

ATTN: Marina Robertson

	QUANTITY OR LOADING			C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER	ĺ	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0	d	0	Daily	Visul
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

									-
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M.	Kel	set		TELEP	HONE	DATE	
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowling	Marina Robe SIGNATURE	E OF PRI	INCIPAL	EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015	į
TYPED OR PRINTED	violations.		AU1	THORIZE	D AGENT	AREA Code	NUMBER	MM/DD/YYYY]

1 OHH Whiten OMB No. 2040-0004

PERMITTEE: ME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

MM/DD/YYYY

10/01/2014

016A-A DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Uncontaminated Water External Outfall

No Discharge A

ATTN: Marina Robertson

		QUANTITY OR LOADING			C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

- -	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	m1.	To de	ser 1		TELEF	HONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling.		OF PRIN	CIPAL E	XECUTIVE OFFICER OR	(562) 6	28 1526	01 22 2015
TYPED OR PRINTED	violations.		AUTH	IORIZED	AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

i omminpprovou OMB No. 2040-0004

PERMITTEE ME/ADDRESS (Include Facility Name/Location if Different)

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BETA OFFSHORE PLATFORM EUREKA - CAG280000

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LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

017A-A DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY 10/01/2014

MM/DD/YYYY 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADII	NG	G	UALITY OR CON	ICENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the Information submitted. Based on my inquiry of the person or persons who manage the	mistat	TELEP	HONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violatoria.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

OMB No. 2040-0004

PERMITTEE N. .. ME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149
PERMIT NUMBER

018A-A DISCHARGE NUMBER

90802

MINOR (SUBR F

(SUBR FW)
Laboratory Waste
External Outfall

DMR Mailing ZIP CODE:

No Discharge C

MONITORING PERIOD

MM/DD/YYYY 10/01/2014

MM/DD/YYYY 10/31/2014

ATTN: Marina Robertson

		QUANTITY OR LOADING			Q	UALITY OR CON	ICENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Klasta	TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	Talaianerie.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste commingled with Deck Drains and injected at Eureka.

I OILLI WASHOACA OMB No. 2040-0004

PERMITTEE N. .. IE/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

MM/DD/YYYY

10/01/2014

019A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	0	*****	bbl/yr	*****	*****	*****	*****		Annual	Calctd
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	***	bbl/yr	*****	*****	*****	*****		Annual	CALCTD

MANIE THE PRINCIPAL EXCOUNTED THE	supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Cutt	TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb 28th each year.

Page 1

1 011111 ppiorea OMB No. 2040-0004

PERMITTEE N. .. ME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

020A-A DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY 10/01/2014

MM/DD/YYYY 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	TITY OR LOADIN	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	***	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	11.	TELEP	HONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	evaluate the information submitted. Based on my inquiry of the person or persons who manage une system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	yiotauons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARG ONITORING REPORT (DMR)

Form Approved OMP 2040-0004

PERMITTEE Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 DISCHARGE NUMBER PERMIT NUMBER

MONITORING PERIOD MM/DD/YYYY 10/01/2014

MM/DD/YYYY 10/31/2014

021A-A

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW) Hydrotest Water External Outfall

No Discharge C

	1	QUAN	TITY OR LOADIN	lG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	*****	******	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

•	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and yevaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. KI	rost		TELEP	HONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer		SIGNATURE OF PRINCIPA	L EXECUTI		(562) 62	28 1526	01 22 2015
TYPED OR PRINTED		AUTHORI	ZED AGENT	ľ	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment 2.
- 2. Submit RP analysis per permit requirement after sampling is completed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARG ONITORING REPORT (DMR)

Form Approved OMP 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149 022A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014

10/31/2014

 $\bigcirc 1$

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge C

		QUAN	TITY OR LOADIN	NG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	*****	***	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my injury of the person or persons who manage the	M. Kowa	TELEPH	ONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 628	8 1526	01 22 2015
TYPED OR PRINTED	yioiauris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARG ONITORING REPORT (DMR)

Form Approved
OMP 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge C

		QUAN	NTITY OR LOADIN	IG		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	****	*****					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	0	bbl	*****	*****	*****	*****		Annual	Calctd
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	****	36650 YTD TOT	bbl	****	*****	*****	*****		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	****			*****	*****					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	GRAB
						\bigcirc	1				

Marina Robertson, HSE Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significan

penalties for submitting false information, including the possibility of fine and imprisonment for knowing

- 2. Drill fluid inventory refer to Attachment.referenced, when applicable.
- 3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

Jim Guion

Executive Vice President, Chief Operating Officer

TYPED OR PRINTED

NUMBER

TELEPHONE

(562) 628 1526

AREA Code

DATE

01 22 2015

MM/DD/YYYY

DISCHARG ONITORING REPORT (DMR)

Form Approved
OMP 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge C

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drilling cuttings, volume	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	0	bbl	*****	****	*****	*****		Annual	Calctd
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	13350 YTD TOT	bbl	*****	****	*****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	3 MINIMUM	****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		****	****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		****	****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	****	*****	%		Contingent	GRAB

MANIE FILLE FRINGII AL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		Ri	*	wh		TELEP	HONE	DATE
Jilli Gulon	to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	Marina Robert	OF PRIN	NCIPA	AL EXECUTIVE OFFIC	ER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.		AUT	HORI	ZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

- 1, Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 2. Drill fluid inventory refer to Attachment.referenced, when applicable.
- 3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

DISCHARC

DNITORING REPORT (DMR)

Form Approved OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

002A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

11/01/2014

MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge A

ATTN: Marina Robertson

		QUAN	TITY OR LOADI	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		*****		*****	*****	****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	****	*****		Daily	ESTIMA

		\bigcirc		
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my finguiry of the person or persons who manage the	M. Kital	TELEPHONE	DATE
Jim Guion		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 628 1526	01 22 2015
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYYY

- 1. PW annual cumulative flow from Mar 1st thru Feb 28th each year.
- 2. If PW is discharged, 12 mo of monitoring is required for RP analysis
- 3. Produced water is commingled & processed at platform Elly before being injected or discharged

DISCHARC

NITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 003A-A **DISCHARGE NUMBER** PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2014 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge A

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	****	*****	*****	*****						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****			*****	*****	****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT				*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	******	*****		Once per Occurance	ESTIMA

	I certify under penalty of faw that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my hquiry of the person or persons who manage the	M. Khal	TELEPHONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 628 152	6 01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code NUMBE	R MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Chemical Inventory, refer to Attachment referenced, when applicable.

4. If present, WTCWFs are commingled with produced water and injected back into the formation.

DISCHARC NITORING REPORT (DMR)

Form Approved 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

MONITORING PERIOD

MM/DD/YYYY 11/01/2014

004A-A DISCHARGE NUMBER

> MM/DD/YYYY 11/30/2014

(SUBR FW) Deck Drainage External Outfall

MINOR

DMR Mailing ZIP CODE:

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	iG	(QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	****	****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and yevaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Kut	TELEPH	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	01 22 2015	
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Free Oil Sheen # days observed
- 2. Fire Control water, and Laboratory Waste are commingled with Deck Drainage, and sent to a disposal well. No Deck Drainage discharge at platform Eureka.

DISCHARC

DNITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

005A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

MM/DD/YYYY 11/01/2014 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	/ALUE UNITS		OF ANALYSIS	TYPE
Flow rate, domestic	SAMPLE MEASUREMENT	NODI (A)	*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI (9)	NODI (9)				
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	49	****	bbl/d	*****	****	****	*****	0	Monthly	Estima
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	***	*****	****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	*****	0	#/mo	*****	*****	****	*****	0	Daily	Visual
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO AVG	#/mo	*****	*****	****	*****		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	****	NODI (A)		*****	*****	*****	*****			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and yevaluate the information submitted. Based on my liquipy of the person or persons with omanage the	OII COM			TELEP	DATE				
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Roberts SIGNATURE 0	CICITATORE OF FRANCOI AL EXCOUNTE OF TOLK OR					(562) 628 1526		
TYPED OR PRINTED		AUTHORIZED AGENT				AREA Code	NUMBER	MM/DD/YYYY		

- 1. Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.
- 2. The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges

DISCHARC

DNITORING REPORT (DMR)

Form Approved
OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149
PERMIT NUMBER

006A-A DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

11/01/2014 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUA	ITITY OR LOADIN	1G	(QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	****	****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M.	77	K	EA.		TELEP	HONE	DATE
Jill Gulon	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing tyiolations.		FPRINC	CIPA	L EXE	CUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	TO MANUTAL		AUTHO	ORI	ZED A	GENT	AREA Code	NUMBER	MM/DD/YYYY

OMB No. 2040-0004

PERMITTEE

E/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149
PERMIT NUMBER

007A-A
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/

11/01/2014 11/

MM/DD/YYYY 11/30/2014 **DMR Mailing ZIP CODE:**

J02

MINOR (SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge C

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M.	K	who		TELEPI	HONE	DATE
Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF P	RINCIPA	L EXECUTIVE OFFICER	OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED		A	UTHORI	ZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

OMB No. 2040-0004

PERMITTEE

E/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149^a 008A-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2014 11/30/2014

DMR Mailing ZIP CODE:

J02

MINOR

(SUBR FW) Fire Control System Water

External Outfall

No Discharge C

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER	Ī	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					***************************************
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Church	TELEPI	HONE	DATE
Jim Guion		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	8 1526	01 22 2015
TYPED OR PRINTED	Annaunis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment 2
- 2. Fire Control System Water is commingled with Deck Drainage and injected at Eureka.

OMB No. 2040-0004

PERMITTEE

E/ADDRESS (Include Facility Name/Location if Different)

NAME: F

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149
PERMIT NUMBER

009A-A
DISCHARGE NUMBER

MM/DD/YYYY 11/30/2014 **DMR Mailing ZIP CODE:**

____02

MINOR (SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	TITY OR LOADIN	1G	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI (9)	NODI (9)				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.00585 MO AVG	.0102 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	68,571	*****	bbl/d	****	*****	*****	*****	0	Monthly	Estima
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Khuta	TELEP	HONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the Information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Chemical Inventory, refer to Attachment 2.
- 2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water.

Page 1

OMB No. 2040-0004

PERMITTEE

.E/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM EUREKA - CAG280000

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LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

010A-A DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY 11/01/2014

MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE:

ასძ02

MINOR

(SUBR FW) Ballast and Storage Displacement Water

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN [*]	TITY OR LOADIN	√G	C	UALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	***	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	******	*****	*****	*****		Monthly	ESTIMA

		-			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my haujiry of the person or persons who manage the	M. Khale	TELEP	HONE	DATE
		Marina Robertson, HSE Manager			t 1
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing Lyiolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

· Sun Approved OMB No. 2040-0004

PERMITTEE

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LONG BEACH, CA 90802

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PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

11/01/2014

011A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Bilge Water External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	TITY OR LOADIN	1G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	***	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	***	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my hquiry of the person or persons who manage the	$ \mathcal{M} \mathcal{K}$		TELEPHONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF FRIE	E Manager CIPAL EXECUTIVE OFFICER OR ORIZED AGENT	(562) 628 152	

DISCHARG ONITORING REPORT (DMR)

Form Approved OMP 2040-0004

PERMITTEE ME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149 PERMIT NUMBER

012A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 11/01/2014

MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Boiler Blowdown

External Outfall

No Discharge C

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		0,11111
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	******	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that	M.	6	inte	TELEP	HONE	DATE
oin Galon		SIGNATURE OF P	RINCIPAL	EXECUTI	 (562) 62	28 1526	01 22 2015
TYPED OR PRINTED		AI	UTHORIZE	ED AGENT	 AREA Code	NUMBER	MM/DD/YYYY

DISCHARG NITORING REPORT (DMR)

CAF001149

PERMIT NUMBER

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

013A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

MM/DD/YYYY 11/01/2014 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Test Fluids External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	***	*****	****	*****		Monthly	ESTIMA

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	W.	KIK	tol	TELEP	HONE	DATE
Ex	Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertso	F PRINCIPA	anager AL EXECUTIVE OFFICER OR ZED AGENT	(562) 62	28 1526	01 22 2015
1	TIPED ON PRINTED					1	,	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

DISCHARC

)NITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

014A-A DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY 11/01/2014

MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Diatomaceous Earth Filter Media

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	1G	C	QUALITY OR CON	ICENTRATION			FREQUENCY	SAMPLE
PARAMETER	Ī	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and sevaluate the information submitted. Based on my haquiry of the person or persons who manage the	m.	Kb	wh		TELEP	HONE	DATE
	Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling	SIGNATURE OF	PRINCI	PAL EXE	CUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
أ	TYPED OR PRINTED	violations.		AUTHO	RIZED A	GENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARC

NITORING REPORT (DMR)

Form Approved ОМ 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

015A-A DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY 11/01/2014

MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0	d		Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	\ \tag{\cdot \tau}	Col	rest	***************************************	TELEP	HONE	DATE
onn Salon	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF I	PRINCIP	AL EXEC	UTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED		<i>*</i>	MUHUR	RIZED AGE	:NI	AREA Code	NUMBER	MM/DD/YYYY

DISCHARG

NITORING REPORT (DMR)

Form A proved

VI 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 016A-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

11/01/2014 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge A

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

I \$	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. 166	at	TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIP	AL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violauons.	AUTHOR	RIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

OMB No. 2040-0004

PERMITTEE

"E/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

017A-A DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY 11/01/2014

MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE:

ხამ02

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	TITY OR LOADI	1G	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and vevaluate the information submitted. Based on my inquiry of the person or persons who manage the	m. Cout	TELEPH	HONE	DATE
Executive Vice President. Chief Operating Officer		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	8 1526	01 22 2015
TYPED OR PRINTED	yrudauris,	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

OMB No. 2040-0004

E/ADDRESS (Include Facility Name/Location if Different) PERMITTEE !

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

018A-A DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY 11/01/2014

MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE:

Ses 02

MINOR

(SUBR FW) Laboratory Waste **External Outfall**

No Discharge C

ATTN: Marina Robertson

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	*****					-
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the Information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE	
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015	ĺ
TYPED OR PRINTED	tviolations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1, Laboratory Waste comingled with Deck Drains and injected at Eureka.

Page 1

OMB No. 2040-0004

PERMITTEE L. AE/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM EUREKA - CAG280000 NAME:

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

019A-A DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY 11/01/2014

MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE:

ყიძ02

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge C

ATTN: Marina Robertson

	T	QUAN	TITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	0	*****	bbl/yr	*****	*****	****	*****		Annual	Calctd
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	*****	bbl/yr	*****	*****	*****	*****		Annual	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified persoanel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. John	TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1, Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb 28th each year.

Page 1

OMB No. 2040-0004

PERMITTEE (E/ADDRESS (Include Facility Name/Location if Different)

NAME: E

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER 020A-A
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

11/01/2014

MM/DD/YYYY 11/30/2014 **DMR Mailing ZIP CODE:**

9uo02

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	The state of the s	TELEPI	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing significant transfer in the property of the submitting false information, including the possibility of fine and imprisonment for knowing significant.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	8 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

OMB No. 2040-0004

PERMITTEE\ E/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149
PERMIT NUMBER

11/01/2014

021A-A
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYY

MM/DD/YYYY 11/30/2014 DMR Mailing ZIP CODE:

ყიძ02

MINOR

(SUBR FW) Hydrotest Water

External Outfall

No Discharge C

		QUAN	TITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	*****	****	*****		Monthly	ESTIMA

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	11. (1000)	TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment 2.
- 2. Submit RP analysis per permit requirement after sampling is completed.

THE THEORY IS A COURT OF THE PROPERTY OF THE P

OMB No. 2040-0004

PERMITTEE EIADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 022A-A PERMIT NUMBER MONITORING PERIOD

DISCHARGE NUMBER

MM/DD/YYYY MM/DD/YYYY 11/01/2014 11/30/2014

DMR Mailing ZIP CODE:

სსგ02

MINOR (SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	TITY OR LOADIN	IG	G	QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

i e	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and tevaluate the information submitted. Based on my inquiry of the person or persons who manage the	m. House	TELEPH	IONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and implisonment for knowling.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	8 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

OMB No. 2040-0004

PERMITTEE. JE/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 001A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE:

ყიძ02

MINOR

(SUBR FW) **Drilling Fluids and Cuttings**

External Outfall

No Discharge C

77101110 0027111, 07	
ATTN: Marina Robertson	
PARAMETER	
Oil based fluids non-aqueous based	S

		QUA	NTITY OR LOADIN	1G	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					-
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	0	bbl	*****	*****	*****	*****		Annual	Cacltd
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	36650 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****			****	*****					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	GRAB

12/01/2014

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and sevaluate the information submitted. Based on my inquiry of the person or persons who manage the	m. Kutuk	>	TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIV	/E OFFICER OR	(562) 62	8 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
 2. Drill fluid inventory refer to Attachment referenced, when applicable..
- 3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

OMB No. 2040-0004

PERMITTEE

AE/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER MONITORING PERIOD

001A-A DISCHARGE NUMBER

MM/DD/YYYY 12/01/2014

MM/DD/YYYY 12/31/2014

DMR Mailing ZIP CODE:

ყიძ02

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	Ī	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	0	bbl	*****	*****	*****	*****		Annual	Calctd
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	13350 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	****	****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	3 MINIMUM	*****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Kibil	TELEPHO	ONE	DATE
Jim Guion		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 628	3 1526	01 22 2015
TYPED OR PRINTED	violauoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 2. Drill fluid inventory refer to Attachment referenced, when applicable..
- 3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

DISCHARC

NITORING REPORT (DMR)

Form Approved OM, 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

002A-A DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY 12/01/2014

MM/DD/YYYY 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge A

ATTN: Marina Robertson

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	****	****	*****	***						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		*****		***	*****	****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Daily	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my finguiry of the person or persons who manage the	M. Valente	TELEPI	HONE	DATE
Jim Guion		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. PW annual cumulative flow from Mar 1st thru Feb 28th each year.
- 2. If PW is discharged, 12 mo of monitoring is required for RP analysis
- 3. Produced water is commingled & processed at platform Elly before being injected or discharged

OMB No. 2040-0004

AE/ADDRESS (Include Facility Name/Location if Different) PERMITTEE\

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 003A-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge A

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	G	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	· *****	*****	*****	****						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT				*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

12/01/2014

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Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 628 152	6 01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code NUMBE	R MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Chemical Inventory, refer to Attachment referenced, when applicable.

4. If present, WTCWFs are commingled with produced water and injected back into the formation.

OMB No. 2040-0004

LEIADDRESS (Include Facility Name/Location if Different) PERMITTEE\.

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

004A-A CAF001149 PERMIT NUMBER

DISCHARGE NUMBER

MM/DD/YYYY

MONITORING PERIOD

12/01/2014 12/31/2014 **DMR Mailing ZIP CODE:**

9სძ02

MINOR

(SUBR FW) Deck Drainage External Outfall

No Discharge C

ATTN: Marina Robertson

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT		*****	bbl/d	*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

MM/DD/YYYY

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and sevaluate the information submitted. Based on my inquiry of the person or persons who manage the	m. Katal	TELEPH	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	8 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Free Oil Sheen # days observed
- 2. Fire Control water, and Laboratory Waste are commingled with Deck Drainage, and sent to a disposal well. No Deck Drainage discharge at platform Eureka.

DISCHARC

DNITORING REPORT (DMR)

Form Approved OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

Receiving Water

82608 RW 0

Receiving Water

solids

Domestic waste, foam and floating

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 005A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2014 12/31/2014

m 1-

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, domestic	SAMPLE MEASUREMENT	NODI (A)	****		***	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	****	*****	NODI (9)	NODI (9)				
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	36	*****	bbl/d	*****	*****	*****	*****	0	Monthly	Estima
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	*****	0	#/mo	*****	*****	****	*****	0	Daily	Visual
82607 RW 0	PERMIT	*****	Req. Mon.	#/mo	*****	*****	****	*****		Daily	VISUAL

#/mo

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Jim Guion				CUTIVE OFFICER OR	(562) 62	8 1526	01 22 2015
TYPED OR PRINTED			AUTHORIZED AG	GENT 1	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

1. Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.

MO AVG

NODI(A)

Req. Mon.

MO TOTAL

2. The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges

Daily

VISUAL

OMB No. 2040-0004

PERMITTEE[®]. AE/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149
PERMIT NUMBER

006A-A
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY 12/01/2014

MM/DD/YYYY 12/31/2014 **DMR Mailing ZIP CODE:**

90802

MINOR (SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of faw that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted, Based on my inquiry of the person or persons who manage the	1 17 . 1	ب	b	inter	TELEP	HONE	DATE	
Jim Guion	system, or those persons directly responsible for gathering the information, the Information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penal	SIGNATURE OF I	PRINC	IPA	L EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015	Ī
TYPED OR PRINTED	violations.	⁴	UTHC	ORIZ	ED AGENT	AREA Code	NUMBER	MM/DD/YYYY	1

DISCHARG

NITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

007A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 12/01/2014

MM/DD/YYYY 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG		QUALITY OR CONCENTRATION				D. FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE evaluate the information submitted. Based on my liquity of the person or persons who manage the system, or those persons directly responsible for Sighering the Information, the Information submitted is, to the best of my Knowledge and belief, true, accurate, and complete. I am aware that there are significan Jim Guion Marina Robertson, HSE Manager (562) 628 1526 01 22 2015 Executive Vice President, Chief Operating Officer penalties for submitting false information, including the possibility of fine and imprisonment for knowing SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** TYPED OR PRINTED AREA Code NUMBER MM/DD/YYYY

DISCHARG NITORING REPORT (DMR) Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149 008A-A PERMIT NUMBER DISCHARGE NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE: MINOR

90802

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge C

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	***	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

12/01/2014

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Jim Guion	revaluate the information submitted. Based on my inquiry of the person of persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing tviolations.		(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	·	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment 2
- 2. Fire Control System Water is commingled with Deck Drainage and injected at Eureka.

DISCHARE

12/01/2014

)NITORING REPORT (DMR)

12/31/2014

Form Approved
OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 009A-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
MM/DD/YYYY

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	TITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI (9)	NODI (9)				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	.00585 MO AVG	.0102 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	68,571	****	bbl/d	*****	*****	****	*****	0	Monthly	Estima
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

MAINE THE PRINTING ALEXEOUTIVE OF TOLK	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and yevaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Cont	TELEPHONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling.	DIGITATIONE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 628 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment 2
- 2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

DISCHARG

INITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

010A-A DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY 12/01/2014

MM/DD/YYYY 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	TITY OR LOADIN	lG	C	QUALITY OR CON	CENTRATION		NO.		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

			0.0			
i e	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	m.10	but	TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling.	SIGNATURE OF PRINCIP	AL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHOR	IZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARG

NITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 111 West Ocean Blvd., Suite 1240

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FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149 011A-A PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 12/01/2014

MM/DD/YYYY 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Bilge Water

External Outfall

No Discharge C

		QUAN	ITITY OR LOADIN	lG	QUALITY OR CONCENTRATION				NO.	FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	INITS EX OF ANALYS		TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	m.	61	out	TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF	PRINCIPA	L EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	<i>'</i>	AUTHORIZ	ED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARC

)NITORING REPORT (DMR)

Form Approved
OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149
PERMIT NUMBER
D

12/01/2014

012A-A
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE:

90802

CODE: 90

MINOR (SUBR FW)

Boiler Blowdown External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and veyuluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Cobork	TELEP	HONE	DATE
Jim Guion		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	viciauons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARG

NITORING REPORT (DMR)

Form Approved
OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149
PERMIT NUMBER

013A-A
DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYYY
 MM/

 12/01/2014
 12/

MM/DD/YYYY 12/31/2014 DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Test Fluids External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	TITY OR LOADIN	lG	C	QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my Inquiry of the person or persons who manage the	M. Klas	TELEP	HONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

DISCHARG

INITORING REPORT (DMR)

Form Approved 2040-0004 OM

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

014A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 12/01/2014

MM/DD/YYYY 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUANTITY OR LOADING		NG	G	QUALITY OR CON	ICENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Cobert	TELEPI	HONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	Anamario.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARG

NITORING REPORT (DMR)

Form Approved 2040-0004 OM

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

015A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 12/01/2014

MM/DD/YYYY 12/31/2014

C11

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Cobert	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 628 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYYY

DISCHARG

NITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

12/01/2014

016A-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM

MM/DD/YYYY 12/31/2014 **DMR Mailing ZIP CODE:**

90802

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge A

ATTN: Marina Robertson

	QUAN	ITITY OR LOADIN	IG				FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

MANIET TITLE FRINGIT AL EXCOUNTE OF FIGER	I certify under penalty of faw that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	
lim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-	M
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing	
TYPED OR PRINTED		i

Marina Robertson, HSE Manager
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
DATE

(562) 628 1526
01 22 2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

DISCHARG

)NITORING REPORT (DMR)

Form Approved 2040-0004 OM.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA **LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

017A-A DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY 12/01/2014

MM/DD/YYYY 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADI	NG			NO.		SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					-
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and levaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. 7	Just		TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	Marina Robertson, HS SIGNATURE OF PRING	É Manager	ITIVE OFFICER OR	(562) 62	28 1526	01 22 2015
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		ORIZED AGE		4054 G-d-	MIMPER	1110550000
TYPED OR PRINTED		/			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

DISCHARC

12/01/2014

NITORING REPORT (DMR)

12/31/2014

OIA

Form Approved
OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 018A-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW) Laboratory Waste External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	Ī	VALUE	VALUE	UNITS	VALUE	VALUE (VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Church	TELEP	HONE	DATE	
Jim Guion Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015	
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	1

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste comingled with Deck Drains and injected at Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARG

NITORING REPORT (DMR)

Form Approved
OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149
PERMIT NUMBER

019A-A
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

12/01/2014 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	TITY OR LOADIN	1G	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	0	*****	bbl/yr	*****	*****	*****	*****		Annual	Calctd
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	*****	bbl/yr	*****	*****	*****	*****		Annual	CALCTD

•	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and yevaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Cobert	TELEPHONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 628 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb 28th each year.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARG NITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM EUREKA - CAG280000

Receiving Water

ADDRESS: 111 West Ocean Blvd., Suite 1240

PACIFIC OCEAN, CA 90802

LONG BEACH, CA 90802 FACILITY: PLATFORM EUREKA LOCATION: LAT 33 33 49N LO 118 06 59W ATTN: Marina Robertson

REQUIREMENT

CAF001149 020A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2014 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Req. Mon.

MO TOTAL

Muds, Cuttings and Cement at Sea Floor

External Outfall

d

No Discharge C

Daily

VISUAL

QUANTITY OR LOADING QUALITY OR CONCENTRATION FREQUENCY NO. SAMPLE **PARAMETER** OF ANALYSIS EX TYPE **VALUE** VALUE VALUE UNITS VALUE VALUE UNITS ***** ***** Free Oil Visual Sheen SAMPLE ***** ***** ***** MEASUREMENT 51689 RW 0 PERMIT ***** ***** ***** ***** ***** Req. Mon. d Daily VISUAL REQUIREMENT Receiving Water MO TOTAL Floating solids or visible foam-SAMPLE ***** ***** ***** ***** ***** MEASUREMENT visual/days 51705 RW 0 PERMIT ***** ***** ***** ****

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my linquiry of the person or persons who manage the	M_{\star}	Col	Sorte	TELEP	HONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations,	SIGNATURE OF FR	INCIEM	- EVECOUIAE OLLICEK OK	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED		AU	THORIZ	ED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARC

NITORING REPORT (DMR)

Form Approved
OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 0
PERMIT NUMBER DISCHAF

021A-A DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/

12/01/2014 12/31

MM/DD/YYYY 12/31/2014 **DMR Mailing ZIP CODE:**

90802

MINOR

(SUBR FW)
Hydrotest Water
External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER	Ī	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	****	*****					
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

i	I certify under penalty of faw that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Kebsuk	TELEPHONE	DATE
Unit Calon	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing Evidations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 628 1526	01 22 2015
TYPED OR PRINTED	youauons.	AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Chemical Inventory, refer to Attachment 2.
- 2. Submit RP analysis per permit requirement after sampling is completed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARC

NITORING REPORT (DMR)

Form Approved OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER

022A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

12/01/2014 12/31/2014 **DMR Mailing ZIP CODE:**

90802

MINOR (SUBR FW)

H2S Gas Processing Waste Water

External Outfall

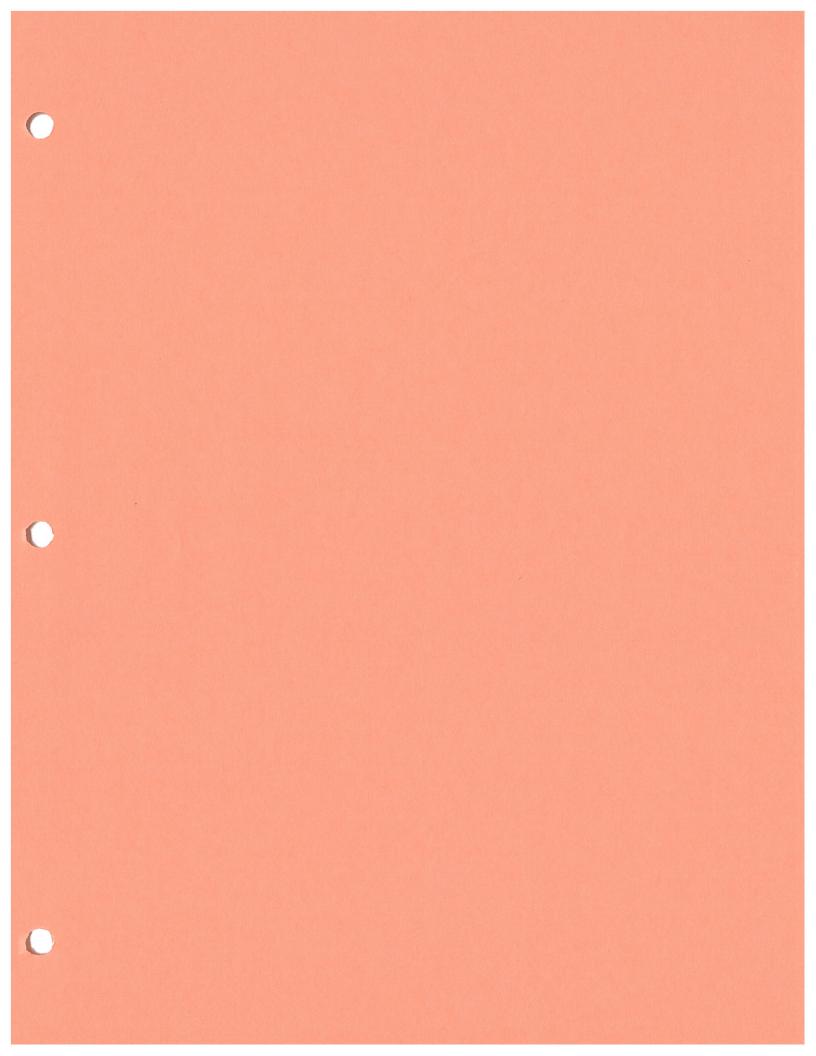
No Discharge C

ATTN: Marina Robertson

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	***4*	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	***	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and tevaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Colonte	TELEP	HONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



Attachment 2 Chemical Inventory

ATTACHMENT 2 PLATFORM EUREKA MISCELLANEOUS DISCHARGES CHEMICAL INVENTORY October 1, 2014 through December 31, 2014

<u>Fluid Type</u>	Volume (Monthly avg bbls per day)	Product Name	Estimated Chemical Quantity (Monthly avg gal per day)	Average End-of-Pipe ₁ Concentration (mg/l)
009 Non-contact Cooling Water				
(combined with excess seawater)				
October	68,571	Chlorine	1.15	0.4
November	68,571	Chlorine	1.15	0.4
December	68,571	Chlorine	1.15	0.4
008 Fire Control System Water	N / A	None	N/A	N/A
013 Test Fluids	No Discharge	No Discharge	None	None
017 Water Flooding Discharges	No Discharge	No Discharge	None	None
021 Hydrotest Water	No Discharge	No Discharge	None	None

¹ Chemical quantity for non-contact cooling water calculated with Operations monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel).

N / A: Not chlorinated.

Attachment 3 Non-Contact Cooling Water Chlorine Residual Results

ATTA / JIENT 3 PLATFORM EUREKA NON-CONTACT COOLING WATER CHLORINE RESULTS October 1, 2014 through December 31, 2014

<u>Discharge</u>	Measurement <u>Frequency</u>	Average Monthly Limit ₁ Post Dilution (mg/l)	Maximum Daily Limit 1 Post Dilution (mg/l)	Result Post Dilution (mg/l)	End-of-Pipe Concentration (mg/l) EPA Method 330.5	EPA Plumes <u>Dilution</u>
009 Non-contact Cooling Water Sample Date: 10/27/14	Once/Quarter	0.00585	0.0102	< 0.0003	< 0.05	146:1

¹Limits are post-dilution as listed in the new permit, Appendix C.

Attachment 4 Prohibited Discharges

ATTACHMENT 4 PLATFORM EUREKA Prohibited Discharges October 1, 2014 through December 31, 2014

Prohibited Dishcharge	Permit Requirement/Limit	Monitoring Results
Free Oil ₁	0 days sheen observed on the receiving water during daylight hours	0 Days
Foam ₁	0 days foam observed on the receiving water during daylight hours	⁰ Days
Floating Solids ₁	0 days solids observed on the receiving water during daylight hours	0 Days
Surfactants 2	Minimize	Minimized
Detergents 2	Minimize	Minimized
Dispersants ₂	Minimize	Minimized
Produced Sands ₃	No Disharge	No Discharge
Halogenated Phenol Compounds 4	No Discharge	No Discharge
Chrome Lignosulfonate 4	No Discharge	No Discharge
Tracer Materials ₅	Limited	Limited
Garbage ₆	No Discharge	No Discharge

¹ Free Oil, Foam, and Floating Solids: Monitoring by visual observation of the surface of the receiving water in the vicinity of the outfalls shall be conducted during daylight hours.

² The discharge of surfactants, dispersants, and detergernts shall be minimized except as necessary to comply with safety requirements of the Occupational Health and Safety Administration and BSEE. The discharge to marine waters in response to oil or other hazardous spills is not authorized.

³ There shall be no discharge of produced sands.

⁴ Other Toxic and Non-conventional Compounds: There shall be no discharge of diesel oil. halogenated phenol compounds, or chrome lignosulfonate. Diesel oil discharge information will be located under the Drilling Inventory attachment when applicable.

⁵ Radioactive tracer concentration above the background in the parent, discharge waste stream shall be limited in 10 CFR 20 Appendix B, Table II, Column 2, Effluent Concentrations, Water.

⁶ The discharge of garbage is prohibited.

Attachment 5

Laboratory reports for NPDES monitoring

Laboratory Quality Control Reports



Beta Offshore 111 W. Ocean Blvd., Suite 1240 Long Beach, Ca 90802 October 28, 2014

Attn: Marina Robertson

Quarterly NPDES chlorine residuals on the non-contact cooling water outlet were as follows:

Sample Date / Time

Location

Total Chlorine Residual

(EPA Method 330.5)

End of Pipe

October 27, 2014 @ 1545 hrs

Platform Eureka Non-Contact Cooling Water Outlet West Seawater Pump

< 0.05 mg/l

S Meter S/N: 12040E195572

Technician: Cole Jenkins

Method Blank < 0.05 mg/l (MDL)

S.G. Lawry

Environmental Specialist / LTS



September 8, 2014

Quality Control

As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

Test Date	Total Residual Chlorine
September 5, 2014	(EPA Method 330.5)
LTS meter (SN 041200088375)	0.57 mg/l
LTS meter (SN 12040E195572)	0.52 mg/l
RT Corporation test sample: (Lot #QC1065-021081) Acceptance Limits Certified Value	0.481 - 0.835 mg/l 0.658 mg/l ± 0.0110
LTS Lead Technician: Mike Apple	Method Blank < 0.05 mg/l

S.G. Lawry Environmental Specialist President, LTS